

# **COMMONWEALTH OF MASSACHUSETTS**

## **EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

*Enterprise Invoice Management*  
&  
*Enterprise Service Management Project*

**BSAS**  
**Section 35 Disenrollment Assessment Manual**  
**For Section 35 Disenrollment Form – Version 5**



*2016*

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# ***Introduction***

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

## **Why Do We Collect this Data and Why is Accuracy Important?**

**At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).**

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
  - The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
  - TEDS is the ONLY national client-level database on substance abuse treatment
    - ➡ The data is used by federal policymakers, researchers, and many others
  - It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
  - It includes information on all clients admitted to programs that receive public funds
- ❖ Performance Management
  - Level of Care Management meeting process
  - Development of provider feedback reports
    - ➡ Business Decision Support
    - ➡ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

## **Goals and Objectives**

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

## Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as “public records”.

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health’s Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidentally view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

### **Why is the collection of identifying information so important?**

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client’s enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

**Only the enrolling agency can see that the client is enrolled in a BSAS Program.**

#### ***Tips***

- Never email client names when contacting DPH for TA
- Never use the client name when on a phone call with DPH for TA

## **Interview Assumptions**

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews.** Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.
2. **Many of the interview items are designed as prompts.**  
A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown" or "refused".

## SECTION 35 DISENROLLMENT ASSESSMENT

All questions marked with a ► are required and must be completed.

### ► ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake and then the Assessment forms *after the data is entered* into EIM-ESM system. This is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing as the Bureau does not have access to the name.

### Provider ID

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

### ► Disenrollment Date

Enter the date that the client was disenrolled/discharged from the program. Enter the date using the MM/DD/YYYY format, for example: 06/01/2007.

- **The Disenrollment Date is the last day the client received face-to-face service (session).**
- **It is not the date the record was closed (unless of course it is closed on the same day.)**

### ► Disenrollment Reason

Check only one box. Select from the following choices:

- ☐ **Completed:** Client has either moved on to continue treatment or has stayed for the 30 days without consequence.
- ☐ **Elopement/Dropout:** Client ran away from the Program.
- ☐ **Administrative/non-compliance:** Active violation of program policies or rules.
- ☐ **Hospitalized, medical:** Client's medical condition is such that he/she requires hospitalization.
- ☐ **Hospitalized, mental health:** Client's mental health condition is such that he/she requires psychiatric hospitalization – Section 12.
- ☐ **Deceased:** Client passed away in your program.

### First Name/Middle Initial/Last Name/Suffix

While the client name is only entered into the Application at Intake, writing the full legal names on the Enrollment and Disenrollment Assessment forms is good record management.

**►1. Client Code:**

Repeat the Client Code as entered on the Enrollment Assessment. It is a five character code composed of capital letters from the individual's full name:

1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If non, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name*. Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

**►2. Intake/Clinician Initials:**

Enter the initials of the clinician who conducted the Assessment interview.

**►3. Was the client's treatment mandated under Section 35?**

This should always be marked **YES**.

If the client's treatment was NOT mandated under Section 35, Do NOT use the Section 35 Discharge Form and Manual.

**►4. Disenrollment / Discharge Plan**

Check one box. Select either "Yes" or "No".

The client must be aware of his/her discharge plan.

**►5. Referred to Self Help**

Check one box. Select either "Yes" or "No".

This question should be answered as "Yes" if the client is referred to self help at any point in the course of treatment.

►6. **Frequency of attendance at self-help programs in the last 30 days or since Enrollment if in treatment less than 30 days.**

Record the number of times the client attended a self-help program (e.g. AA, NA etc...) in the last 30 days or since enrollment if in treatment less than 30 days.

The choices are:

- 01- No attendance in the past month
- 02 - 1-3 times in past month (less than once per week)
- 03 - 4-7 times in past month (about once per week)
- 04 - 8-15 times in past month (2 or 3 times per week)
- 05 - 16-30 times in past month (4 or more times per week)
- 06 - Some attendance in past month, but frequency unknown
- 99 - Unknown

For Section 35 programs, this would be the amount of self-help groups the client attended during his/her stay at your program.

►7. **Client Referrals at Disenrollment**

You must pick at least one referral for the client (**Referral #1**). Also indicate if you made additional referrals (**Referral #s 2 & 3**) to other types of programs/services.

Please pay close attention to the code numbers as series of numbers have been discontinued, some choices edited and *New* choices added.

The choices are:

- 00 *Change* Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment.
- 95 *New* Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place.
- 96 *Change* Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place
- 97 Referral Not Made – Client Dropped Out
- 98 Referral Attempted – Not Wanted by Client
- 01 Self, Family, Non-medical Professional
- 02 BMC Central Intake – Room 5
- 03 ATS – Detox
- 04 TSS – Transitional Support Services
- 05 CSS/CMID – Clinical Stabilization Services
- 06 Residential Treatment *Substance Abuse Residential such as Halfway House, Therapeutic Community, Family Residential Program*
- 07 Outpatient Substance Abuse Counseling
- 08 Opioid Treatment *Includes Methadone Treatment, Office-based Suboxone Treatment*
- 09 Drunk Driving Program *Includes First Offender Driving Alcohol Education and Second Offender (2-week Residential DUI/DWI) Programs*
- 10 Acupuncture
- 11 Gambling Program
- 12 & 13 *Discontinued*
- 14 Sober House *Living situation, no treatment within House*
- 15 *Discontinued*

- 16 **New** Recovery Support Centers
- 17 Second Offender Aftercare *Outpatient (follows 2 week DUI/L Residential Program)*
- 18 Family Intervention Program *Programs designed to work with family members/concerned others to engage substance abuser to enter treatment*
- 19 Other Substance Abuse Treatment
- 20 **Change** Health Care Professional, Hospital
- 21 Emergency Room
- 22 HIV/AIDS Programs
- 23 Needle Exchange Program
- 24 – 25 Discontinued
- 26 **New** Mental Health Professional
- 27 – 29 Discontinued
- 30 School Personnel, School System, College
- 31 **New** Recovery High School
- 32 – 39 Discontinued
- 40 Supervisor/Employee Counselor
- 41 – 49 Discontinued
- 50 Shelter
- 51 Community or Religious Organization
- 52 – 58 Discontinued
- 59 Drug Court
- 60 - 63 Discontinued
- 64 Prerelease, Legal Aid, Police
- 65 – 67 Discontinued
- 68 Office of the Commissioner of Probation
- 69 Massachusetts Parole Board
- 70 Department of Youth Services
- 71 Department of Children and Families (formerly Department of Social Services)
- 72 Department of Mental Health
- 73 Department of Developmental Services (formerly Department of Mental Retardation)
- 74 Department of Public Health
- 75 Department of Transitional Assistance
- 76 Department of Early Education and Care
- 77 Massachusetts Rehabilitation Commission
- 78 Massachusetts Commission for the Blind
- 79 Massachusetts Commission for the Deaf and Hard of Hearing
- 80 Other State Agency
- 81 Division of Medical Assistance/MassHealth
- 99 Unknown

- Note there are three categories of **Referral Not Needed**
  - **00 – *Change*** -Assessment indicates that client does not require entering formal treatment.
  - **95 – *New*** – Appropriate Mental Health clinical services already in place (i.e., clinician did not make the referral).
  - **96 – *Change*** - Appropriate Substance Abuse clinical services already in place (i.e., clinician did not make the referral).
- Also pay attention to the difference between Referral Not Made and Referral Attempted
  - **97 – Referral Not Made** – Client dropped out of treatment before a referrals was in place.
  - **98 – Referral Attempted** – Client refused clinician’s attempt to make a referral.

What determines your making a referral:

- Action steps taken by you the Clinician on behalf of the client that resulted in an active referral (e.g., appointment is in place).
- Simply providing the client with information of services available (e.g., handing a brochure to the client) does not qualify as a referral.

► **8. Number of arrests in last 30 days or since Enrollment if in treatment less than 30 days.**

**This is a National Outcome Measure, reporting is required by SAMHSA**

Enter the number of arrests in the last 30 days or if in treatment less than 30 days since enrollment.

A Section 35 is not an arrest.

► **9. Indicate the Social or Health service(s) provided to the client during treatment while in your Program.**

Many substance abuse programs provide a range of social and medical services to the client during treatment. Some of these service may be provided directly be the substance abuse treatment program and some may be provided by other programs/agencies or independent professionals.

All listed social and health services must have one of the following entered:

Why we ask the question and what we want to know:

The purpose of this question is to collect an accurate report of all the services a client received during treatment, whether or not your program provided the service(s), taking a holistic approach to supporting recovery.

0 = Not Provided

1 = Provided by your Agency

2 = Provided by Another Agency

3 = Provided by Both your Agency and Another Agency

The Social/health Services are:

- **Legal Aid/Services:** This includes services provided to assist the client with his/her legal needs. This also includes programs' contact with parole or Probation Officers, DCF meetings, and transportation to court.
- **Drug Testing:** Includes testing for evidence of illicit substances used by the client (e.g. urine screening).
- **Treatment for Medical Problem:** Includes medical care for a physical problem. This does not include the medical physicals that detox and other programs require for admission. It also does not include treatment for tuberculosis or sexually transmitted disease.
- **Treatment for Emotional Problem:** Includes special counseling/treatment for specific emotional/mental health problems other than those that usually result from substance abuse, for example, psychiatric consultation or specialized groups for PTSD.
- **Nicotine Replacement Therapy:** Includes services specifically provided to assist the client with the cessation of smoking.
- **Medication for Medical Problem:** Includes medication provided to the client to treat a medical condition during the course of treatment.
- **Medication for Emotional Problem:** Includes medication provided to the client to treat an emotional/mental health condition during the course of treatment.
- **Family Planning:** Includes services specifically provided to assist the client with her/her family planning needs.
- **Prenatal Care:** Includes medical services provided specifically for monitoring a client's pregnancy.
- **Postpartum:** Postpartum is defined as the period between delivery and up to one year post delivery.
- **Change Medication for Withdrawal:** services specifically provided to assist the client with withdrawal from alcohol and/or drugs (not comfort medications such as Tylenol). This would refer to not only inpatient (ATS/detox) protocols but also Medication-Assisted Treatment used as a detox protocol (versus maintenance) in either an outpatient or doctor office setting.
- **TB Testing:** This does not pertain to screening or assessment. If the screening and assessment were positive, then the client likely would require a TB test (e.g. Mantoux test)
- **TB Treatment:** Medication specifically for TB was administered to the client while in your program.
- **STD/STI\*, HIV, Hep C Testing:** This does not pertain to the screening and assessment for STD/HIV/Hep C. But if any of the screening and/or assessments were positive, then the client would likely require a test to determine if he/she has and either or an STD, HIV, Hep C.
- **STD/STI\*, Hep C Treatment:** Medication specifically for either or a STD, HIV, Hep C was administered to the client while in your program.
- **New Parenting Classes:** Classes specific for parents to learn about caring for their children.
- **New Medication-Assisted Treatment:** The utilization of pharmacological interventions often in combination with non-pharmacological treatment services to decrease craving and relapse in order to assist persons with substance use disorders to attain and maintain abstinence from alcohol and illicit drug use. Pharmacological agents include, but are not limited to, opioid agonist medications such as methadone and buprenorphine and antagonist medications such as naltrexone. Examples of medically assisted therapy programs include Opioid Treatment Programs, office based opioid treatment programs, and programs licensed under 105 CMR 164.200 or 105 CMR 164.300.

Tip: If MAT is used as a detox protocol, **both** MAT and Withdrawal Medications should be checked.

**\*STI** – Sexually Transmitted Infection

► **10. Currently receiving services from a state agency:**

Is the client currently receiving one or more of the state services listed below?

Check all that apply.

The choices are:

- ☐ **None** No State Services were received by the client.
- ☐ **DCF:** Department of Children and Families/ formerly Department of Social Services
- ☐ **DYS:** Department of Youth Services
- ☐ **DMH:** Department of Mental Health - this **does not pertain to all dual diagnosis** clients. Clients eligible for DMH services are severely and persistently mentally ill. A DMH client would be provided with case management services by DMH.
- ☐ **DDS:** Department of Developmental Services / former Department of Mental Retardation
- ☐ **DPH:** Department of Public Health - **other than substance abuse – we know that they are receiving substance abuse in that they are in your program (e.g. HIV/STD, WIC)**
- ☐ **DTA:** Department of Transitional Assistance (e.g. Food Stamps, TANF)
- ☐ **DMA:** Department of Medical Assistance (e.g. MassHealth)
- ☐ **MRC:** Massachusetts Rehabilitation Commission
- ☐ **MCB:** Massachusetts Commission for the Blind
- ☐ **MCDHH:** Mass Commission for Deaf and Hard of Hearing
- ☐ **Other:** Some other State Agency

- Note here that DMA have been reinserted.
- **WHY:** A client might have come in without Medicaid so it would not have been checked, but while in treatment in your program the client's Medicaid was approved. They came in without insurance but left with insurance. – Good outcome.

**►11. Living arrangement at Disenrollment**

**This item is a National Outcome Measure, reporting is required by SAMHSA**

Check only one box. Select the answer that best describes the living situation for the client at disenrollment.

The choices are:

- ☐ House or apartment
- ☐ Room/boardingsober house
- ☐ Institution (i.e., nursing home, criminal justice)
- ☐ Group home/treatment (e.g. recovery home)
- ☐ Shelter/mission
- ☐ On the streets
- ☐ Foster Care
- ☐ Refused
- ☐ Unknown

**►12. Was the client homeless at Intake/Enrollment (whether or not chronic)?**

Check one box. Select either “Yes” or “No”.

If the answer to 12 is “Yes” then it is required to complete 12a and 12b. If the answer is “No”, skip to Question 13.

**12a. Detailed Living Arrangement at Disenrollment:**

1. Emergency shelter
2. Transitional housing for homeless persons
3. Permanent housing for formerly homeless
4. Psychiatric hospital or other psychiatric facility
5. Substance abuse treatment facility or detox
6. Hospital (non-psychiatric)
7. Jail, prison or juvenile detention facility
8. Don’t know
9. Refused
10. Rental room/house/apartment
11. Apartment or house that you own
12. Living with family
13. Living with friends
14. Hotel or motel paid for without emergency shelter voucher
15. Foster care home or foster care group home
16. Place not meant for habitation
17. Other

**12b. Permanence of Living Arrangement at Disenrollment**

- ☐ Permanent
- ☐ Transitional
- ☐ Refused
- ☐ Unknown

►13. 🚩 **Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?**

**This item is a National Outcome Measure, reporting is required by SAMHSA**

Check one box. Select either “Yes” or “No”.

If the answer to Question 13 is ‘Yes’, fill out Questions 14a1, 14b, and 14c and go to Question 15. If the answer to Question 13 is ‘No’ **skip to Question 17**.

- This is a change from the previous Disenrollment Assessment
- If there has not been any drug use since enrollment, **DO NOT** list a primary, secondary, or tertiary drug

**14a. Primary Substance**

What substance did the client use primarily within the last 30 days or since enrollment if in treatment less than 30 days? Select from the following codes:

The choices are:

- A Alcohol
- B Cocaine
- C Crack
- D Marijuana / Hashish
- E Heroin
- F Prescribed Opiates – Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client
- G Non-prescribed opiates – Non-medical use of pharmaceutical opiates which were not prescribed for the client
- H PCP
- I Other Hallucinogens
- J Methamphetamine
- K Other Amphetamines
- L Other Stimulants
- M Benzodiazepines
- N Other Tranquilizers
- O Barbiturates
- P Other Sedatives / Hypnotics
- Q Inhalants
- R Over the Counter
- S Club Drugs
- U Other

**14b. Frequency of Use**

Report the frequency of primary substance use **since Enrollment**. Select from the following codes:

The choices are:

- 1 No use during last 30 days or since enrollment
- 2 1-3 times during the last 30 days or since enrollment
- 3 1-2 times per week during the past 30 days or since enrollment
- 4 3-6 times per week during the past 30 days or since enrollment
- 5 Daily during the past 30 days or since enrollment
- 7 Unknown

**14c. Route of Administration**

Report the route of administration used for the primary drug. Select from the following codes:

- 1 Oral (swallow and/or chewing)
- 2 Smoking
- 3 Inhalation
- 4 Injection
- 5 Other

**15. Did the client use a secondary drug during the last 30 days or since enrollment if in treatment less than 30 days?**

Select either 'Yes' or 'No'. If Yes, answer Questions 15a, 15b, and 15c and go to Question 16. If 'No', skip to Question 17.

**15a. Secondary Substance**

What secondary substance did the client use within the last 30 days or since enrollment if in treatment less than 30 days? Utilize the codes from Question 14a.

**15b. Frequency of Use**

Report the frequency of secondary substance use within the last 30 days or since enrollment if in treatment less than 30 days. Utilize the codes from Question 14b.

**15c. Route of Administration**

Report the route of administration used for the secondary drug. Utilize the codes from Question 14c.

**16. Did the client use a tertiary drug during the last 30 days or since enrollment if in treatment less than 30 days?**

Select either 'Yes' or 'No'. If Yes, answer Questions 16a, 16b, and 16c. If 'No', skip to Question 17.

### **16a. Tertiary Substance**

What tertiary substance did the client use within the last 30 days or since enrollment if in treatment less than 30 days? Utilize the codes from Question 14a.

### **16b. Frequency of Use**

Report the frequency of tertiary substance use within the last 30 days or since enrollment if in treatment less than 30 days. Utilize the codes from Question 14b.

### **16c. Route of Administration**

Report the route of administration used for the tertiary drug. Utilize the codes from Question 14c.

### **► 17. Did the client use nicotine/tobacco since Enrollment?**

Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Unknown

If the answer to Question 17 is 'No' skip to Question 18. If the answer to Question 17 is 'Yes' answer Questions 17a and 17b.

### **17a. Number of cigarettes currently smoked per day.**

Indicate the number of cigarettes, not the number of packs.

If client uses another type of nicotine/tobacco product, mark Zero (0) and answer Question 17b.

**1 pack = 20 cigarettes.**

### **17b. Did the client attempt to stop using nicotine/tobacco while at the program?**

Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Unknown

**►18. While at this program did client receive psychotropic medication?**

Check only one box. Select either “Yes” or “No”

**18a. If Yes, specify category of psychotropic medication taken.**

Select from the following list. Check as many as apply.

The choices are:

- ☐ Anti-depressants
- ☐ Mood stabilizers
- ☐ Psycho-stimulants
- ☐ Anti-psychotics
- ☐ Anti-anxiety

**►19. While at your program did client receive psychiatric crisis intervention?**

Check only one box. Select either ‘Yes’ or ‘No’.

If the answer to question 19 is ‘No’ skip to question 20. If the answer to question 19 is ‘Yes’ answer question 19a.

**19a. If yes specify all psychiatric services received.**

Select from the following list. Check as many as apply.

The choices are:

- ☐ Evaluation by a psychiatrist
- ☐ Evaluation by a crisis team
- ☐ Psychiatric emergency room service
- ☐ Assessment by clinical nurse specialist for behavior issues

**►20. While at your program, did the client receive medical intervention?**

Check only one box. Select either “Yes” or “No”

If the answer to Question 20 is ‘No’, skip to Question 21. If the answer to Question 20 is ‘Yes’ answer Question 20a.

**20a. Specify which types of medical conditions required intervention:**

Select from the following list. Check as many as apply.

The choices are:

- ☐ Asthma/Allergies/Respiratory Infections
- ☐ Prenatal/postpartum / GYN care
- ☐ Urinary Tract/Bladder Infection
- ☐ HIV / Hep C / STD
- ☐ Dental

- ☐ Diabetes
- ☐ Hypertension/High Blood Pressure
- ☐ Seizures
- ☐ Eye / Ear Care
- ☐ Ulcer / Gastric Distress
- ☐ Lice / Scabies / Lyme
- ☐ Cellulitis /Skin Wound / Infections
- ☐ Other

**►21. Employment status at Disenrollment.**

**This item is a National Outcome Measure; reporting is required by SAMHSA.**

Enter one of the following codes:

- 1** Full-time Employment – Working full time
- 2** Part-time Employment – Working part time
- 3** Unemployed-Looking for Work
- 4** Unemployed-Not Looking for Work
- 5** Not in labor Force-Student
- 6** Not in labor Force-Retired
- 7** Not in labor Force-Disabled
- 8** Not in labor Force-Homemaker
- 9** Not in labor Force-Other
- 10** Not in labor Force - Incarcerated
- 11** Volunteer
- 12** Other
- 13** Maternity/Family Leave
- 99** Unknown

- If the individual has not been in the labor force for many years (such as many homeless individuals), code as ‘Not in labor Force-Other’.
- The ‘Unemployed’ options are appropriate for individuals who have worked approximately within the past year.